

JAN 22 2003

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☒Approved for use through 10/31/2002, OMB 0851-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/724,571	
	Filing Date	November 28, 2000	
	First Named Inventor		
	Group Art Unit	1652	
	Examiner Name	Examiner Walicka	
Total Number of Pages In This Submission	10	Attorney Docket Number	015270-008444US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, submitted in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (2 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Copies of 2 Powers of Attorney* (1 page each) & Change of Correspondence Address (1 page) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of PTO/SB/96* (1 page)
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
*The originally executed Powers of Attorney and PTO/SB/96 were filed in the parent case, US 09/501,708.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm and Individual name	Townsend and Townsend and Crew LLP Rosemarie L. Celli Reg. No. 42,397
Signature	<i>Rosemarie L. Celli</i>
Date	January 21, 2003

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on January 21, 2003	
Typed or printed name	Rosemarie L. Celli
Signature	<i>Rosemarie L. Celli</i>
Date	January 21, 2003

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PTO/SB/17 (01-08)
Approved for use through 10/31/2002. OMB 0651-0082
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 110

Complete if Known

Application Number 08/724,571
Filing Date November 28, 2000
First Named Inventor
Examiner Name Examiner Walicka
Group Art Unit 1652
Attorney Docket No. 015270-008444US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number

20-1430

Deposit
Account
Name

Townsend and Townsend and Crew LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	750	Utility filing fee	
		1002	330	Design filing fee	
		1003	620	Plant filing fee	
		1004	750	Reissue filing fee	
		1005	160	Provisional filing fee	

SUBTOTAL (1)

(3)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fees from below	Fee Paid
Independent Claims			
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
		1202	16	Claims in excess of 20
		1201	84	Independent claims in excess of 3
		1203	280	Multiple dependent claim, if not paid
		1204	84	** Reissue independent claims over original patent
		1205	16	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(3)

*or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1051	130	Surcharge - late filing fee or oath	
		1052	50	Surcharge - late provisional filing fee or cover sheet	
		1053	130	Non-English specification	
		1812	2,520	For filing a request for reexamination	
		1804	920*	Requesting publication of SIR prior to Examiner action	
		1805	1,840*	Requesting publication of SIR after Examiner action	
		1251	110	Extension for reply within first month	110
		1252	410	Extension for reply within second month	
		1253	930	Extension for reply within third month	
		1254	1,450	Extension for reply within fourth month	
		1255	1,970	Extension for reply within fifth month	
		1401	320	Notice of Appeal	
		1402	320	Filing a brief in support of an appeal	
		1403	280	Request for oral hearing	
		1451	1,510	Petition to institute a public use proceeding	
		1452	110	Petition to revive - unavoidable	
		1453	1,300	Petition to revive - unintentional	
		1501	1,300	Utility issue fee (or reissue)	
		1502	470	Design issue fee	
		1503	630	Plant issue fee	
		1450	130	Petitions to the Commissioner	
		1807	50	Petitions related to provisional applications	
		1806	180	Submission of Information Disclosure Stmt	
		8021	40	Recording each patent assignment per property (times number of properties)	
		1809	750	Filing a submission after final rejection (37 CFR § 1.129(a))	
		1810	750	For each additional invention to be examined (37 CFR § 1.129(b))	
		1801	750	Request for Continued Examination (RCE)	
		1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

(3)110

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Rosemarie L. Cell Registration No. (Attorney/Agent) 42,387 Telephone 650-326-2400
Signature Rosemarie L. Cell Date January 21, 2003

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